



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 18061261 | 3 1 - FATAL 2 - INJURY 3 - PDD | 1 - SOLVED 2 - UNSOLVED |

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| PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * 05724 | REPORTING AGENCY NAME * BUTLER TWP PD | NUMBER OF UNITS 01 | UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN |
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| COUNTY * 57 | <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * Butler | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * 09/07/2018 | TIME OF CRASH 12:33 | DAY OF WEEK Fri |
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| DEGREES / MINUTES / SECONDS LATITUDE 0 / 39:51:05.32 | LONGITUDE 0 / 084:11:39.95 | DECIMAL DEGREES LATITUDE 39.851479 | LONGITUDE 84.194433 |
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| ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND | NUMBER OF THRU LANES 02 | ROAD TYPES OR MILEPOST ² AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LAKE MP - MILEPOST PK - PARKWAY PL - PLACE RD - ROAD ST - STREET WA - WAY TE - TERRACE SQ - SQUARE TL - TRAIL |
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| LOCATION ROUTE TYPE ¹ | LOCATION ROUTE NUMBER | LOC PREFIX N, S, E, W | LOCATION ROAD NAME MAXTON | ROAD TYPE RD | LOCATION ROAD TYPE ² | ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE |
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| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | DIR FROM REF N, S, E, W | REFERENCE ROUTE TYPE ¹ | REFERENCE ROUTE NUMBER | REF PREFIX N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 3634 | REFERENCE ROAD TYPE ² |
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| REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | CRASH LOCATION 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUT | 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |
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| ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS PRIMARY 01 SECONDARY | 01 - DRY 02 - WET 03 - SNOW 04 - ICE | 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN | * SECONDARY CONDITION ONLY |
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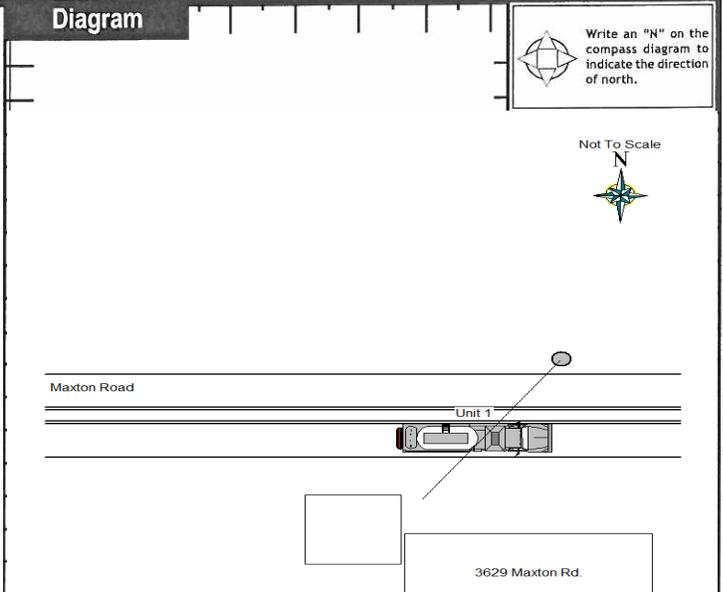
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| MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN | WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN |
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| ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | LIGHT CONDITIONS PRIMARY 1 SECONDARY | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | 9 - UNKNOWN | * SECONDARY CONDITION ONLY | SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED | <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA |
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NARRATIVE

Unit 1 was traveling east on Maxton Road in the east bound lane of travel at a slow rate of speed and when at 3634 Maxton Road, Unit 1 struck the overhead lines and tore them from the Day Care Center at 3634 Maxton Road.



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| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |
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| DATE CRASH REPORTED 09/07/2018 | TIME CRASH REPORTED 12:33 | DISPATCH TIME 12:36 | ARRIVAL TIME 12:37 | TIME CLEARED 14:19 | OTHER INVESTIGATION TIME 0060 | TOTAL MINUTES 162 |
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| OFFICER'S NAME * Ofc. Tim Maples | OFFICER'S BADGE NUMBER 17 | CHECKED BY Ofc. Amy Harlow | PAGE OF |
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| LOCAL REPORT NUMBER 18061261 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 9 D 7 Y 2018 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION MAXTON | |

On September 7, 2018 I was dispatched to 3634 Maxton Road on a report of a truck that had struck some wires and the driver was advised by DP&L to remain in the truck until they got on scene, because the wires were laying across the truck.

The driver of the truck, identified as Gregory S. Nickell was working with a construction company and had the boom on top of the truck raised, while he was moving and struck some wires. The wires were attached to the Day Care at 3634 Maxton, and it did tear the power pole off the side of the Day Care and tear the siding off as well. The owner of the business, Jennifer Hill was notified and DP&L did inform her that she would have to get an electrician to come out and fix the side of the house before they could restore power. Parents of the children were notified to come get all the children early because there was no power and the building was too hot.

DP&L removed the lines from the truck, and the driver was issued a citation.

Respectfully submitted,

Officer T. Maples # 17

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| OFFICER'S SIGNATURE X Ofc. Tim Maples | BADGE NUMBER 17 |
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
18061261

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

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| UNIT NUMBER [01] | NAME: LAST, FIRST, MIDDLE NICKELL, GREGORY S | DATE OF BIRTH [02/03/1957] | AGE 61 | GENDER [M] F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 6864 THACKERY RD URBANA, OH 43078 | CONTACT PHONE- INCLUDE AREA CODE (937) 788-2189 |
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| INJURIES [1] | INJURED TAKEN BY [1] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED [04] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [01] | AIR BAG USAGE [1] | EJECTION [1] | TRAPPED [3] | |
| OL STATE [OH] | OPERATOR LICENSE NUMBER RQ697676 | OL CLASS [1] | No <input type="checkbox"/> VALID OL M/C END. <input type="checkbox"/> | CONDITION [1] | ALCOHOL/DRUG SUSPECTED [1] | ALCOHOL TEST STATUS [1] | ALCOHOL TEST TYPE [1] | ALCOHOL TEST VALUE [] [] [] [] | DRUG TEST STATUS [1] | DRUG TEST TYPE [1] |

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| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.202 | OFFENSE DESCRIPTION FAILURE TO CONTROL | CITATION NUMBER 003558 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY [1] [] |
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| UNIT NUMBER [] [] [] | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH [] [] [] [] [] [] [] [] [] [] | AGE | GENDER [] F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
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| INJURIES [] | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED [] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [] | AIR BAG USAGE [] | EJECTION [] | TRAPPED [] | |
| OL STATE [] | OPERATOR LICENSE NUMBER | OL CLASS [] | No <input type="checkbox"/> VALID OL M/C END. <input type="checkbox"/> | CONDITION [] | ALCOHOL/DRUG SUSPECTED [] | ALCOHOL TEST STATUS [] | ALCOHOL TEST TYPE [] | ALCOHOL TEST VALUE [] [] [] [] | DRUG TEST STATUS [] | DRUG TEST TYPE [] |

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|---|---------------------|-----------------|--|---------------------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY [] [] |
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| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | Non-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER |
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| SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
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| EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER | ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
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| UNIT NUMBER [] [] [] | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH [] [] [] [] [] [] [] [] [] [] | AGE | GENDER [] F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
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| INJURIES [] | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED [] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [] | AIR BAG USAGE [] | EJECTION [] | TRAPPED [] |
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|----------------------------|---------------------------|--|-----|--------------------------------------|
| UNIT NUMBER [] [] [] | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH [] [] [] [] [] [] [] [] [] [] | AGE | GENDER [] F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
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| INJURIES [] | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED [] | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION [] | AIR BAG USAGE [] | EJECTION [] | TRAPPED [] |
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UNIT

LOCAL REPORT NUMBER

18061261

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|--|--|---|--------------------------|---|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) DOHENY, JACK | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) | DAMAGE SCALE 1 | DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 777 DOHENY CT NORTHVILLE, MI 48167 | | | 1 - NONE | |
| LP STATE MI | LICENSE PLATE NUMBER RB52521 | VEHICLE IDENTIFICATION NUMBER 1NPCX4TX3GD319509 | 2 - MINOR | |
| VEHICLE YEAR 2016 | VEHICLE MAKE Peterbilt Motors Co. | VEHICLE MODEL Truck | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY TRAVELERS | POLICY NUMBER 810-4268L909TIL18 | 4 - DISABLING | |
| | | TOWED BY | 9 - UNKNOWN | |

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| CARRIER NAME, ADDRESS, CITY, STATE, ZIP JACK DOHENY COMPANIES INC , 777 DOHENY CT, NORTHVILLE, MI, 48167 | CARRIER PHONE - INCLUDE AREA CODE (937) 788-2189 |
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| US DOT 1880368 | VEHICLE WEIGHT GVWR/GCWR 3 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE 10 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | <input type="checkbox"/> HIT / SKIP UNIT |
| HM CLASS NUMBER | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN | TYPE OF USE 2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 14 99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| | | | <input type="checkbox"/> HAS HM PLACARD | | |

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| SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 01 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 01 99 - UNKNOWN | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN | 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION | NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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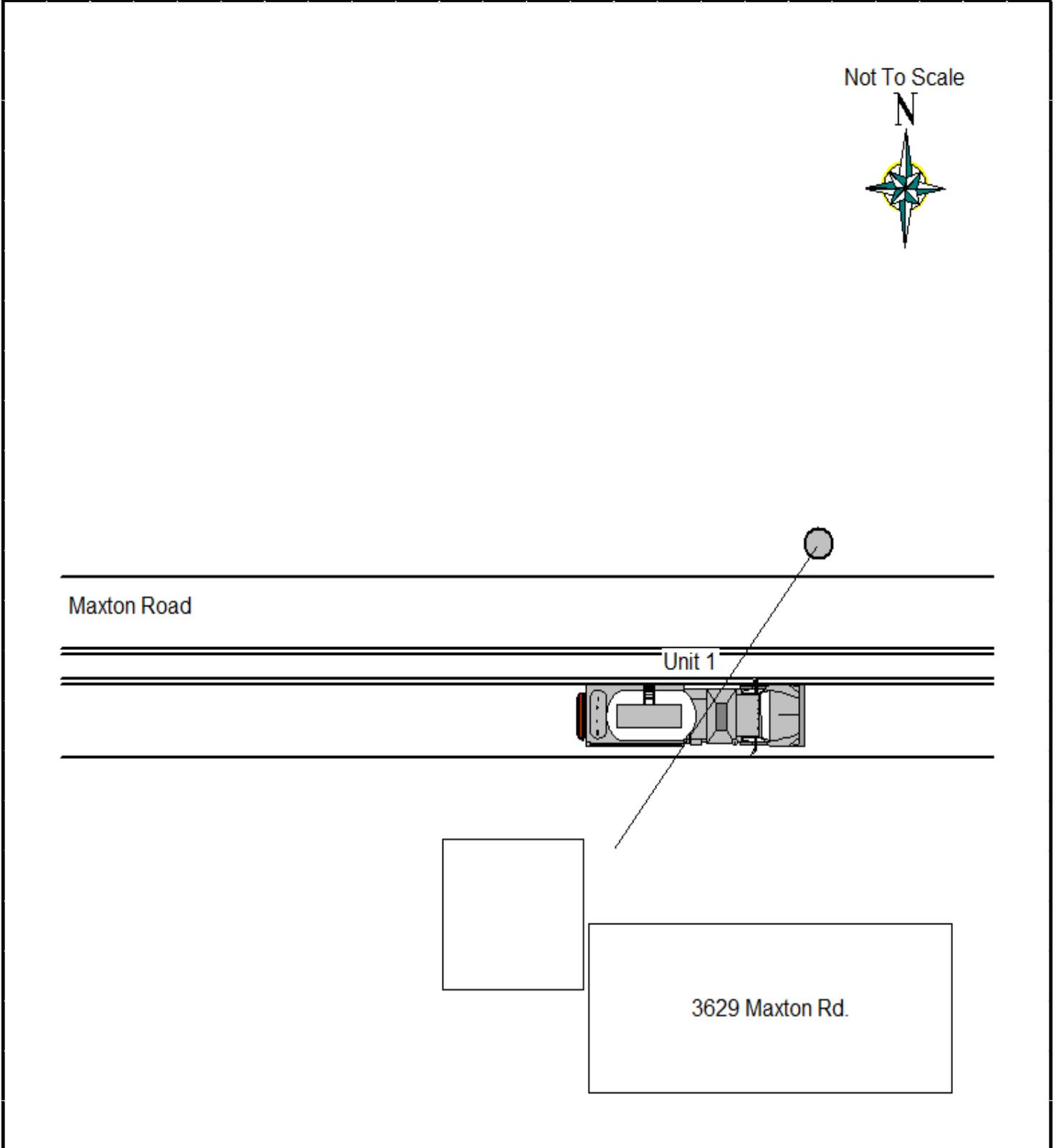
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| CONTRIBUTING CIRCUMSTANCES PRIMARY 02 SECONDARY 01 99 - UNKNOWN | MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION | NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS 1 22 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT | COLLISION WITH FIXED OBJECT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |

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| UNIT SPEED 005 | POSTED SPEED 35 | TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | | | | | PAGE OF |



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|---------------------------------|-----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 18061261 | REPORTING AGENCY BUTLER TWP PD | DATE OF CRASH M 9 D 7 Y 2018 |
| IN COUNTY OF MONTGOMERY | CRASH LOCATION 3634 MAXTON RD | |



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|---|--------------------|
| OFFICER'S SIGNATURE X Ofc. Tim Maples | BADGE NUMBER 17 |
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| LOCAL REPORT NUMBER 18-061261 | REPORTING AGENCY Butler Township Police | DATE OF CRASH M 9 D 7 Y 18 |
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Gregory S. Nickell PRINTED, HEREBY MAKE THIS VOLUNTARY STATEMENT TO
T. Maylor OFFICER'S NAME AT 3629 MAXTON DR. DAYTON, OH. LOCATION

I was spotting holes for utilities for a future bore for a gas main for Premier Energy Services & Vectrem. I had to move approx. 30' to next holes. My spotter was checking on water hose instead of over-head wires when my truck I use hooked electric & telephone wires before he could tell me to stop. There was no wreck just a mis-hap that could have been prevented.

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| ADDRESS OF WITNESS 6864 Thackeray Rd. UPRWA OH 43078 | PHONE 937 788 2184 |
| SIGNATURE OF WITNESS X <u>Gregory S. Nickell</u> | OFFICER'S SIGNATURE X <u>T. Maylor #17</u> |